PTC/SB/22 (07-09)
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| | | displays a valid OMB control number. |
|---|--------------------------|--------------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | Docket Number (Optional) | |
| FY 2009 | M1103.70797US00 | |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | |
| Application Number 10/790,602-Conf. #9169 | Filed | March 1, 2004 |
| For RECALL DEVICE | | |
| Art Unit 3766 | Examiner | E. D. Bertram |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and fee are as follows (check time period desired | and enter the appr | opriate fee below): |
| Fee | Small Entity F | ee |
| X One month (37 CFR 1.17(a)(1)) \$130 | \$65 | \$ 130.00 |
| Two months (37 CFR 1.17(a)(2)) \$490 | \$245 | \$ |
| Three months (37 CFR 1.17(a)(3)) \$1110 | \$555 | \$ |
| Four months (37 CFR 1.17(a)(4)) \$1730 | \$865 | \$ |
| Five months (37 CFR 1.17(a)(5)) \$2350 | \$1175 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | |
| A check in the amount of the fee is enclosed. | | |
| X Payment by credit card. Form PTO 2038 is attached. | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825 | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the applicant/inventor. | | |
| assignee of record of the entire interest. See 37 CFR 3.71. | | |
| Statement under 37 CFR 3.73(b) is enclose | | /96). |
| x attorney or agent of record. Registration Number | 65,139 |) |
| attorney or agent under 37 CFR 1.34. | | |
| Registration number if acting under 37 CFR 1.34 | | |
| 10.10 .00.00 | | May 5, 2010 |
| Signature | Date | |
| Andrew J. Tibbetts | 617.646.8000 | |
| Typed or printed name | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| Total of forms are submitted. | | |

Certificate of Electronic Filling Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filling system in accordance with § 1.6(a)(4). Signature: Scott R Whitemore Dated: May 5, 2010